

Sex Differentials Among Family Planning Physicians in the Philippines

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SINCE PREGNANCY, labor, and delivery are unique to women, one might logically expect men and women physicians working in family planning programs to hold different views regarding such

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matters as contraceptive preference, male and female sterilization, and conceivably, the relative importance of making family planning services widely available in a given society. The fact that women are primarily responsible for childrearing in most societies, as well as for initiating and continuing contraception, adds some plausibility to the assumption.

This study was undertaken to answer the question of whether sex differentials do exist among physicians engaged in family planning in the Republic of the Philippines. The existence of sex differentials among family planning physicians could have implications for program implementation in the Philippines and possibly elsewhere. For example, some Philippine family planning administrators believe that efforts should be made to promote greater reliance on the IUD because it is less expensive, and more effective, than the pill in preventing pregnancy among Philippine acceptors (1,2). Should this become a matter of program policy, administrators of family planning programs might give preferential employment to women physicians if it could be shown that women physicians can influence a greater percentage of acceptors to have IUDs inserted than can men physicians.

Sterilization is not offered at Philippine family planning clinics at present; however, interest in it is growing among leaders in the family planning movement. Should administrators decide to offer vasectomy—for example, by virtue of its relative simplicity—it would be important to know whether men and women physicians feel differently about vasectomy as a family planning method.

Relatively little attention has been given to sex differentials among family planning physicians. In a study of obstetrician-gynecologists in New York State, Wassertheil-Smoller and associates (3) found that the pill was the most frequently recommended contraceptive following abortion. The pill was recommended by 43 percent of the women physicians and 61 percent of the men physicians, a difference significant at the 0.001 level. This difference also persisted within religious groups.

In a recent study of the attitudes of students and faculties of schools of medicine, nursing, and social work, Werley and associates (4) found that the nursing-school respondents were least favorable toward encouraging birth control, tubal liga-

tion, and vasectomy. Although attitudes were not differentiated by sex of the respondents in this study, 96 percent of the nursing students were women and 88.5 percent of the students and faculty of medical schools were men. The differences noted were not striking, and they may well reflect differences in educational levels and socioeconomic status of the medical and nursing students rather than sex differences.

Sampling Design

The Philippine study population consisted of all physicians who had been working in 1,021 government or private family planning clinics for at least 6 months as of December 30, 1971. A well-known commercial firm, experienced in conducting survey research, was contracted to randomly sample the study population and to interview the physicians. The 67 Provinces of the Philippines are divided into 11 public health regions, which range in size from as few as 3 Provinces in zone 7 to 11 in zone 11. The firm selected 2 Provinces from each of the 11 public health regions by using a table of random numbers, and the number of clinics selected in the 2 Provinces was proportional to the total number of clinics in both Provinces. Thus, 200 clinics were systematically selected with a random start and a sampling interval, and in 197 instances (98.5 percent) the physician interviewed was the only one working in the clinic.

In anticipation of being unable to complete the interviews for all the physicians selected in the initial sample, the firm selected a second sample of 200 physicians by the same method used for the first sample. Unfortunately, 77 physicians in the original sample had to be replaced for a variety of reasons, including refusals and lack of availability of the physician at the time of the survey. Obviously, randomness of the sample was seriously compromised, and caution must be exercised in generalizing the findings of this study to the universe of family planning physicians in the Philippines.

Methodology

The interview schedule contained a number of items related to the personal, professional, and social characteristics of the physicians. It also included a number of statements constructed for a Likert scale about population growth, contraception, and sterilization (tubal ligation and vasc-

tomy). These statements were read to the respondents, and they were asked to reply whether they strongly agreed, agreed in part, were uncertain, disagreed in part, or strongly disagreed. Numerical values were assigned to the responses in order to create indices for degree of concern regarding the rate of population growth in the Philippines and degree of knowledge of contraception. Data regarding frequency of attending mass, confession, taking communion, and membership in lay religious organizations were used to create indices for religiosity.

Each physician was asked if he or she would be unwilling to provide any one of the following family planning methods: oral contraceptive pills, the IUD, rhythm, injectables, condoms, tubal ligation, or vasectomy. Each physician unwilling to provide one of these methods was then asked which method he or she would be next least willing to provide. The responses to these questions, as well as those to the Likert scale statements about tubal ligation and vasectomy, were used to create indices of attitudes toward sterilization.

Means were determined for the responses of the two groups, men and women, and unless otherwise stated, analysis of variance was used to determine if group means were equal.

The following five hypotheses were tested with regard to physicians working in family planning clinics.

Women physicians will succeed in persuading more women to accept a family planning method (to become new acceptors) than men physicians

One can reasonably expect that a woman physician would be more sympathetic toward another woman facing the prospect of an unwanted pregnancy than would a man physician. If this assumption is valid, the women physicians could be expected to give higher priority to family planning than men physicians. Moreover, the assumption also suggests that offering family planning services would be more congruent with the ideals of women than those of men and would conform closely with program goals, that is, reaching a large number of new acceptors. Congruence, priority, and conformity have been found to be associated with organizational effectiveness, which adds credibility to the hypothesis (5).

Women physicians will have a greater percentage of new IUD acceptors than men physicians

This hypothesis is based on the observation of Philippine family planning workers that women of

lower socioeconomic class seem reluctant to submit to a pelvic examination by a male physician. This kind of behavior has been reported in Pakistan (6) and in Indonesia (7).

Women physicians will have less favorable attitudes than men physicians toward sexual sterilization

The unequivocal opposition of the Roman Catholic Church to sexual sterilization for the sole purpose of limiting procreation is emphasized in the Encyclical on Marriage of Pope Pius XI (8):

Furthermore, Christian doctrine establishes and the light of human reason makes it clear that private individuals have no other power over the members of their bodies than that which pertains to their natural ends; and they are not free to destroy or mutilate their members or in any other way render themselves unfit for their natural functions except when no other provision can be made for the good of the whole body.

One would expect those physicians with a high degree of religiosity to be especially affected by the preceding statement, that is, to have the least favorable attitude toward sterilization. Among Christians, women are generally more religious than men; therefore, it was hypothesized that women physicians will have less favorable attitudes than men physicians with regard to sexual sterilization.

More women physicians than men physicians will be opposed to tubal ligation and more men physicians than women physicians will be opposed to vasectomy

One would assume that women physicians would be aware of the occasional morbidity and the rare mortality associated with tubal ligation, as well as the fact that pregnancy occasionally follows the procedure (9). It is also likely that they would be aware of the complications, such as injury to the bowel and other organs (10), that can occur with laparoscopic cauterization of the tubes. One could anticipate that women physicians would consciously or unconsciously identify with other women and would prefer that a simpler procedure be performed on the man.

Similarly, one would expect men physicians to be aware of complications that occasionally follow vasectomy, particularly psychosexual ones (11). Men physicians might well identify with other men contemplating vasectomy and prefer sterilization of the women.

There will be no differences between men and women physicians regarding the most preferred and the least preferred methods of contraception (excluding vasectomy and tubal ligation), degree of concern about population growth in the Philippines, or degree of knowledge about contraception

These variables are far more likely to be related to such factors as personal experience with contraception, educational background, or training in family planning than to the sex of the physician.

Demographic Description of Sample

The demographic characteristics of the sample of 200 family planning physicians were as follows:

<i>Characteristics</i>	<i>Men (N = 93)</i>	<i>Women (N = 107)</i>
Mean age (years)	42.5	38.0
Marital status:		
Married	88	83
Single	4	20
Widowed or divorced	1	4
Mean number living children	4.4	3.2
Mean number children desired	4.2	2.9
Place of employment:		
Urban	34	68
Rural	59	39
Medical specialty:		
General practice	66	69
Other	27	38

The mean age of the men was significantly higher than that of the women. Significantly more men than women were working in rural areas. The men had an average of 4.4 living children, and the women 3.2; women also wanted fewer children. In both instances, these differences are significant ($P < 0.001$).

Results

Regarding the hypothesis that women physicians would recruit more new acceptors than men physicians, the findings were in the predicted direction. The mean number of family planning acceptors reached by the women physicians was 1,321, and the mean number recruited at clinics directed by men physicians was 845. However, the difference did not prove significant. The greater mean number reached by the women resulted largely from the fact that one clinic directed by a woman physician—the postpartum clinic in the Jose Fabella Maternity Hospital in Manila—had reached 28,227 acceptors at the time of this study, and that number far exceeded that reached by any other clinic included in the sample.

Women physicians had inserted a larger percentage of IUDs at their clinics (13.3 percent) than the men physicians (9.3 percent). The difference was significant at the 0.05 level.

No difference was apparent between the sexes regarding attitudes—favorable as opposed to unfavorable—toward sterilization. The difference between men and women physicians regarding participation in religious rites was not significant; however, significantly more women than men belonged to lay religious organizations ($P < 0.001$). When data on both types of responses were pooled and submitted to analysis of variance, no difference was apparent between the sexes regarding total religiosity.

Contrary to what one might expect in a predominantly Roman Catholic sample of physicians (91 percent), only 8 of the 46 physicians who opposed sterilization did so on religious grounds. Irreversibility and perceived lack of acceptance by the Philippine population were the most frequently cited reasons.

The findings on attitudes toward tubal ligation and vasectomy were in the predicted direction. Slightly more women (20) than men (14) indicated tubal ligation as the least preferred method, and twice as many men (8) as women (4) cited vasectomy as the least preferred method. These relationships, however, were not significant.

When asked which contraceptive method they would prefer if they could provide only one, both sexes showed remarkable similarity in their responses: 45 men (48.4 percent) and 49 women (46.7 percent) preferred the pill, and 36 men (38.7 percent) and 41 women (39 percent) preferred the IUD, as shown in the following table.

<i>Method</i>	<i>Men</i>		<i>Women</i>	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
Oral pills	45	48.4	49	46.7
IUD	36	38.7	41	39.0
Rhythm	4	4.3	6	5.7
Injectable	1	1.1	1	1.1
Condom	1	1.1	0	0.0
Tubal ligation	2	2.2	3	2.9
Vasectomy	4	4.3	5	4.8
Total	93	100.0	105	100.0

¹ Rounded.

When asked if there was any one method they would not be willing to provide, slightly more than half of the men and women physicians indicated their willingness to provide all methods. Tubal ligation was the least popular method, followed by rhythm and vasectomy. The responses regarding least preferred method were as follows:

Method	Men		Women	
	Number	Percent	Number	Percent
None stated	52	55.9	59	55.1
Oral pills	1	1.1	0	0
IUD	2	2.2	2	1.9
Rhythm	9	9.7	12	11.2
Injectable	7	7.5	6	5.6
Condom	0	0	4	3.7
Tubal ligation	14	15.1	20	18.7
Vasectomy	8	8.6	4	3.7
Total	93	¹ 100.0	107	¹ 100.0

¹ Rounded.

Discussion

Perhaps the most striking finding in this study is that there are few differences between men and women physicians engaged in family planning in the Philippines. An interesting finding was that more women than men cited tubal ligation as the least preferred contraceptive method, whereas more men than women least preferred vasectomy. Although these findings were not statistically significant, it would be worthwhile to explore the possibility of the same associations existing in other cultures.

It is thought provoking that while women physicians have a higher percentage of IUD acceptors than men physicians, there was essentially no difference between the sexes regarding preference for the various contraceptive methods. This finding suggests that new acceptors who want an IUD may actively seek women physicians to insert them or, alternatively, that women physicians who prefer the IUD are more successful in persuading new acceptors to use an IUD than are men physicians with the same preference for the method.

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Analysis of data collected from a sample of 200 Philippine family planning physicians revealed certain differences between men and women. The men physicians were somewhat older, had more living children, and desired more children than the women physicians, although there was no significant difference in marital status.

The mean numbers of family planning acceptors recruited by

men physicians were not significantly different from the numbers recruited by women physicians. However, women physicians inserted a significantly higher proportion of IUDs.

Slightly more women than men indicated tubal ligation as the method of contraception they least preferred, and twice as many men as women cited vasectomy as the least preferred method.

However, the relationships were not statistically significant.

Except as noted previously, no differences were apparent between men and women physicians regarding most preferred contraceptive method, least preferred contraceptive method, degree of concern regarding population growth, degree of knowledge of contraception, or attitude toward sterilization as a family planning method.